

Medicare Part D Prescription Drug Worksheet

ENROLLMENT IS OCT. 15, 2011-DEC. 7, 2011

This worksheet will help make your enrollment process faster and easier. If you are enrolling in a prescription drug plan or changing from your current plan, complete this worksheet before calling.

Review this worksheet with your doctor or health care provider to determine if there is a better Medicare Prescription Drug Plan for you. For more information, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov.

1. What current Medicare Prescription Drug Plan are you enrolled in?

2. List specific information about the prescriptions you current take (on chart below).
3. Do you have any health insurance or coverage in addition to Medicare?
YES _____
NO _____
What kind of insurance do you have? _____
4. How much do you pay out of pocket each month for your prescription under your current Medicare Drug Plan? \$_____

Prescription name	Dosage (ml, mg)	# of times per day	Monthly cost

For assistance, call **Minnesota Senior LinkAge at 1-800-333-2433**
For more information, call 1-800-MEDICARE or visit www.medicare.gov